Case 5:16-cv-00036-MHH-HGD Document 8 Filed 04/04/16 Page 1 of 3 Case: 5:16-cv-00036-MHH-HGD Document #: 7-2 Date Filed: 03/04/2016 Page 1 of 3 Date Filed:

## IN THE UNITED STATES DISTRICT COURT FOR THE NORTHERN DISTRICT OF ALABAMA NORTHEASTERN DIVISION

MAI	RCUS JEROME ECHOLS,	) 2013 15TR - 0 12 13 15 t						
	Plaintiff	)						
	v.	)	Case No. 5:16-cv-00036-MHH-HGD					
SHE	RIFF ANNA FRANKLIN, et al.,	)						
	Defendants	)						
	RESPONSE TO	ORDER	R TO SHOW CAUSE					
	In response to the Court's Order t	o Show C	ause, plaintiff provides the following personal					
and i	inancial information.							
Á.	Plaintiff's full name: Marcus Jerome Echols  Present mailing address: 92 Gordon Drive							
	_		Alabama 35650					
	Telephone (if any): 256.3							
В.	Are you presently employed?	Yes_	No Z					
	If the answer is "yes," give the name and address of your employer and the amount of your							
usua	l weekly salary or wages.							
Nam	e and Address of Employer:							
Weel	kly Earnings: \$ O							
	* ************************************	give the	name and address of your last employer, when					
וומע	ast worked, and the amount of the w	-						
-	e and Address of Employer: Alabai							
U.	n Buille, Alabama	***	Commence of the transfer of th					
Date	last worked: May 15, 20	)//						
	2 trol	Ahler						
w ee	kly Earnings: \$ <u>Z,300/mor</u>	ITTUM						

Case 5:16-cv-00036-MHH-HGD Document 8 Filed 04/04/16 Page 2 of 3 Case: 5:16-cv-00036-MHH-HGD Document #: 7-2 Date Filed: 03/04/2016 Page 2 of 3

provided. I have with my grandmother and don't have to pay any rent and on 3/30/16 I applied for food stamps.							
and	Non 3/30/16 I applied for food stamps.						
C.	Approximately how much money have you received in the past twelve months:						
(1)	as wages, salary, commissions, or earned income of any kind? \$						
(2)							
(3)	as gifts or inheritance? \$						
(4) from social security, unemployment compensation, or any form of state or fed							
	payments or benefits? \$ O						
(5)	from pensions, annuities, workmen's compensation, disability, or other insurance policies?						
	S O * Ive applied for SSI/disability						
(6)	from all other sources? \$						
D.	D. How much money do you own or have in any checking or saving accounts? \$						
E.	Do you own any real estate, stocks, bonds, notes, automobiles, boats, or other valuable						
prop	erty (excluding ordinary household items and clothing)? Yes No						
If the	answer is "yes," describe the property and state its approximate value:						
·							
F.	How much money do you owe to others? \$ 150,000 +						
As to	each debt of over \$100.00, state the name of the creditor and the approximate amount owed:						
<u> Alat</u>	ama DHR = 10,000						
Dea	other Magan Hospital # 10,000						
Hu	Asurille Horart Center- 8,000						
G.	List the persons who are dependent upon you for support, stating your relationship to them						
and h	now much you contribute each year toward their support.						
Mar	cus Perry Echols - \$2,328.00						
Asi	a Echols-# 3,900						
Sa	anna R. Jones -81,392.00						

Case: 5:16-cv-00036-MHH-HGD Document #: 7-2 Filed 04/04/16, Page 3 of 3

H. Ar	e there any	other persons r	egularly residi	ng in your l	household who are ov	er the age of 18				
and who a	re presentl	y employed?	Yes	No						
If the answer is "yes," provide the following information for each such person										
Name:	-A-0000-									
Relationsh	nip:		***************************************			***************************************				
Employer	<b></b>									
Weekly ea	ırnings:	\$								
Name:	*****		***************************************							
Relationsh	nip:									
Employer:										
Weekly ea	ernings:	\$								
I. Pro	ovide any a	additional infor	mation that yo	u believe s	supports your claim	that you cannot				
financially	y afford to p	pay court fees, o	costs, or securi	ty.						
While	incorce	parked Is	uffered a	SEVERE	heart attack	On 1/16/16				
					m randac Refe					
	1,	an't lift me	/*	, ,		work.				
***************************************	third a bhirt	***************************************								
	***************************************	(Atta-	ch additional s	heets as ne	eded)					
I d	lo declare (	(or certify, ver	ify, or state) u	nder pena	lty of perjury that t	he foregoing is				
true and	correct,									
Dated:	3/30	116	S	May ignature	us poue Fe	hal				